STATE OF DELAWARE - OFFICE OF PENSIONS GROUP HEALTH INSURANCE PROGRAM

County & Municipal Police & Firefighter Plan

Not Entitled to Health Cost Offset

Non-Medicare Plans Effective 7/1/22

Rates apply to retirees in the plan who retired prior to 7/1/15 and Rates apply to survivors in this plan whose survivor's pension was effective after 7/1/15

| HIGHMARK DELAWARE FIRST STATE BASIC PLAN | | | | |
|--|---------------|---------------------------|----------------|--|
| | TOTAL COST | Not Entitled to Offset | PENSIONER PAYS | |
| Individual | \$755.64 | 0.00 | \$755.64 | |
| Individual & Spouse | \$1,563.42 | 0.00 | \$1,563.42 | |
| Individual & Child(ren) | \$1,148.66 | 0.00 | \$1,148.66 | |
| Family | \$1,954.34 | 0.00 | \$1,954.34 | |

| HIGHMARK DELAWARE COMPREHENSIVE PPO PLAN | | | | |
|--|---------------|---------------------------|-------------------|--|
| | TOTAL COST | Not Entitled to Offset | PENSIONER PAYS | |
| Individual | \$862.68 | 0.00 | \$862.68 | |
| Individual & Spouse | \$1,790.16 | 0.00 | \$1,790.16 | |
| Individual & Child(ren) | \$1,329.54 | 0.00 | \$1,329.54 | |
| Family | \$2,237.94 | 0.00 | \$2,237.94 | |

| AETNA HMO PLAN | | | | | |
|-------------------------|---------------|---------------------------|-------------------|--|--|
| | TOTAL COST | Not Entitled to Offset | PENSIONER PAYS | | |
| Individual | \$788.88 | 0.00 | \$788.88 | | |
| Individual & Spouse | \$1,663.28 | 0.00 | \$1,663.28 | | |
| Individual & Child(ren) | \$1,206.80 | 0.00 | \$1,206.80 | | |
| Family | \$2,075.40 | 0.00 | \$2,075.40 | | |

| AETNA CDH GOLD PLAN | | | | | |
|-------------------------|---------------|---------------------------|-------------------|--|--|
| | TOTAL COST | Not Entitled to Offset | PENSIONER PAYS | | |
| Individual | \$782.08 | 0.00 | \$782.08 | | |
| Individual & Spouse | \$1,621.60 | 0.00 | \$1,621.60 | | |
| Individual & Child(ren) | \$1,194.90 | 0.00 | \$1,194.90 | | |
| Family | \$2,060.10 | 0.00 | \$2,060.10 | | |